

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539061

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		0					55						
6	0	0					56						
7	0	0					57						
8	0	0					58						
9	0	0					59						
10	0	0					60						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓				↓		↓		↓
TOTAL DEP.	15	←		←		←			←		←		←
TOTAL CLAIMS	16	████████		████████		████████			████████		████████		████████